

## CLAIMS ONLY

Application Number:

" Filing " Date

10/701, 471

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1						
2						
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48						
49						
50						
Total Indep.	1					
Total Depend.	3					
Total Claims	4					

\* May be used for additional claims or amendments

	*		*		*	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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100						
Total Indep.						
Total Depend.						
Total Claims						